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AP/2624
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Response Under 37 C.F.R. § 1.116
Group Art Unit 2624, Expedited Procedure
Docket No. 00169.0001858.

In re Application of:

ANDREW R. COKER

Application No.: 09/668,461

Examiner: K. Y. Poon

Filed: September 25, 2000

Group Art Unit: 2624

For: PRINT SYSTEM FOR PRINTING TO A REMOTE
PRINTING APPARATUS (As Amended)

Date: August 3, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

AUG 06 2004

Sir:

Technology Center 2600

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 43	MINUS	** 55	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 9	MINUS	*** 9	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						previously paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

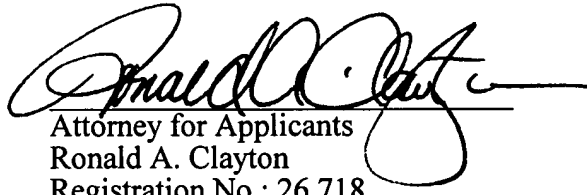
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Ronald A. Clayton
Registration No.: 26,718

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